

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

**Instructions**

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Canal Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 10/19/03

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1. NAME Fusilier Julie A.
Last First MI2. BUSINESS PHONE: 225-383-80383. BUSINESS ADDRESS: 835 Louisiana Ave., Baton Rouge, LA 70802
Street and No. City State ZipMAILING ADDRESS _____
Street and No. City State Zip4. EMPLOYER Self employed5. EMPLOYER'S ADDRESS _____
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name HMD of LA, Inc.
Address P.O. Box 98029, Baton Rouge, LA 70898-9029

Business or purpose _____

 New Representation
Does this person pay you? _____

If No, who pays you? _____

 Terminated Representation as of 9-30-03

SUPPLEMENTAL REGISTRATION FORM



2. Name Viatical and Life Settlement Assoc. of America
 Address 800 Mayfair Circle, Orlando, FL 32803

Business or purpose _____

New Representation
 Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of 9.30.03

3. Name LA Surplus Lines Association
 Address 615 Dumas St., New Orleans, LA 70116

Business or purpose _____

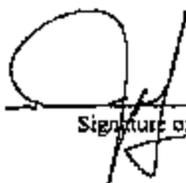
New Representation
 Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of 9.30.03

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act (LSA-R.S. 24:50 et seq.) has been deliberately omitted.



 Signature of Lobbyist

Form 601, Rev. 10/2002

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SUPPLEMENTAL REGISTRATION FORM



2. Name Southern National Life Insurance Company
 Address P.O. Box 96044, Baton Rouge, LA 70898-9044

Business or purpose _____

New Representation
 Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of 9-30-03

3. Name LA Health Service & Indemnity Company
 Address 5525 Reitz Avenue, Baton Rouge, LA 70809-3802

Business or purpose _____

New Representation
 Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of 9-30-03

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



 Signature of Lobbyist

Form RPL Rev. 10/2002

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